

FILED

OCT 06 2014

Phil Lombardi, Clerk
U.S. DISTRICT COURT

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA

Plaintiff/Petitioner - Appellant,

v.

Lindsey Kent Springer

Defendant/Respondent - Appellee.

Case No. 13-CV-145/09-CR-043
10th Cir. # 14-5109

Motion for Leave to Proceed on
Appeal Without Prepayment of
Costs or Fees (non-PLRA)

I, Lindsey Kent Springer, the petitioner/appellant in the captioned case move this court for leave to proceed in forma pauperis.

In support of this motion, I state that because of my poverty, I am unable to pay the costs of said proceedings or give security therefor, I submit the following financial

declaration. Continuation from page 2:

7) whether Appellant showed Form 1040 violated the PRA triggering application of public protection from penalty provision; 8) whether Judge Friot's presiding in 09-CR-043 or 13-CV-145 violated Article II, § 2, Cl. 2, Article III, § 1, and 28 U.S.C. §§ 133(a), 138, and 292(b); 9) whether Appellant should have been appointed counsel on all ineffective appellate counsel grounds for relief; 10) whether appellate counsel labored under an actual conflict, or conflict, of interest in his representation of Appellant on direct appeal; 11) Did Judge Friot have jurisdiction to impose an order and judgment for restitution, as part of Appellant's sentence, in favor of the IRS and State of Oklahoma; 12) Does § 2255 suspend the Writ of Habeas Corpus, especially under the procedure followed by Judge Friot; 13) whether Judge Friot lacked Article III, § 2 case or controversy Judicial Power and Jurisdiction after O'Meilie resigned leaving Woodward, Snoke, and O'Reilly, without Article III standing to prosecute Appellant pursuant to 28 U.S.C. § 547(1).

Mail ☒ No Cert Svc ☐ No Orig Sign
C/J ☐ C/MJ ☐ C/Ret'd ☐ No Env
No Cpy ☒ No Env/Cpy ☐ O/J ☐ O/MJ

FINANCIAL DECLARATION

Affidavit to Accompany Motion for Permission to Appeal in Forma Pauperis

I swear or affirm under penalty of perjury that because of my poverty I am unable to pay the docket fees of my appeal or to post a bond for them. I believe I am entitled to a different result than that reached in the district court.

I further swear or affirm under penalty of perjury that the responses which I have made to the questions and instructions below relating to my ability to pay the fees for my appeal are true.

Instructions. Please complete all questions in this application and then sign it on the last page. If the answer to any question is "0" or "none," or the question is "not applicable", so indicate by writing "0", "none", or "not applicable (N/A)". If additional space is needed to answer any question or to explain your answer to any question, please use and attach a separate sheet of paper identified with your name, the docket number of your case and the number of the question.

My issues on appeal are: 1) whether Judge Friot switched the § 7201 offense in Counts 2,3, and 4, in violation of the 5th and 6th Amendment; 2) whether Counts 2,3,4,5, and 6, are cumulative and multiplicitous with Count 1 and Counts 3,4, 5, and 6, same with Count 2, and whether Counts 4 and 6 are in Count 3; 3) whether the October 26, 2011 10th Cir. decision failed to address suppression issues "after" June 3, 2005, which it said in its order it was addressing; 4) whether U.S. Attorney O'Meilha had standing to prosecute Title 26, or Title 26 related violations without having recieved a criminal prosecution referral from the Secretary depriving Judge Friot of Article III case or controversy; 5) whether Appellant is actually innocent of Grand Jury's charge of failing to file Form 1040 United States Individual Income Tax Returns; 6) whether Judge Friot instructing Jury Form 1040 did not violate PRA violated Sixth Amendent;

1. Are you or your spouse currently employed? Yes _____ No X (see continuation page 1) (att))
I am not married and receive \$12.00 per month in prison as pay.
2. If you or your spouse are currently employed, state the name and address of your employer, the length of your employment with that employer, and your monthly gross pay. Gross pay is pay before any taxes or other deductions are taken. If you have more than one employer, please provide the information requested below about the other employer(s) on a separate sheet of paper and attach it to this application.

I receive \$ 12.00 per month working for FSL La Tuna in its Kitchen.

Yourself:

Name and Address of Employer

FSL La Tuna
P.O. 6000, Anthony, New Mexcio
88021

Your Spouse:

Name and Address of Employer

Length of Employment

10

 Years Months

Length of Employment

 Years Months

Monthly Gross Pay \$ 12.00

Monthly Gross Pay \$ _____

3. If you are currently unemployed, state the date of your last employment and your monthly gross pay during your last month of employment. Gross pay is pay before any taxes or other deductions are taken.

Date of last employment (Month/Year) for yourself _____; spouse _____

Monthly gross pay during last month of employment \$ _____

4. State whether you or your spouse have received money from any of the following sources during the past twelve months, and, if so, the average monthly amount from that source. Adjust any money that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Did you receive money from any of the following sources during the past 12 months?

Average monthly amount during past 12 months for you and your spouse if applicable.

Amount expected next month

		You	Spouse	You	Spouse
Self-employment	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	Y/N <u>Y</u>	\$ <u>135.00</u>	\$ _____	\$ _____	\$ _____
Alimony	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	Y/N <u>N</u>	\$ _____	\$ _____	\$ _____	\$ _____

Retirement income from sources
such as social security, private
pensions, annuities, or insurance
policies

Y/N N \$ _____ \$ _____ \$ _____ \$ _____

Disability payments such as social
security, other state or federal
government, or insurance
payments

Y/N N \$ _____ \$ _____ \$ _____ \$ _____

Unemployment payments

Y/N N \$ _____ \$ _____ \$ _____ \$ _____

Public assistance payments such as
welfare payments

Y/N N \$ _____ \$ _____ \$ _____ \$ _____

Other sources of money

(specify: _____)

Y/N N \$ _____ \$ _____ \$ _____ \$ _____

TOTAL

\$ 147.00 \$ _____ \$ _____ \$ _____

5. State the amount of cash you and your spouse have: \$ 76.00

State below any money you or your spouse have in savings, checking, or other accounts in a
bank or other financial institution.

Bank or Other Financial Institution:

Type of Account
such as savings,
checking, or CD:

Amount you
have:

Amount your
spouse has:

None

_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

6. State below the assets owned by you and your spouse. **Do not list ordinary household furnishings and clothing.**

Home	Address: _____	Value: \$ _____
	<u>None</u>	Amount owed on mortgages and
	_____	liens: \$ _____
Other real estate	Address: _____	Value: \$ _____
	_____	Amount owed on mortgages and
	_____	liens: \$ _____
Motor vehicle	Model/Year: _____	Value: \$ _____
	_____	Amount owed: \$ _____
Motor vehicle	Model/Year: _____	Value: \$ _____
	_____	Amount owed: \$ _____
Other	Description: _____	Value: \$ _____
	_____	Amount owed: \$ _____

7. State below any person, business, organization, or governmental unit that owes you or your spouse money and the amount that is owed.

Name of Person, Business, or Organization that Owes You or Your Spouse Money	Amount Owed You:	Amount Owed Your Spouse:
<u>None</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____

8. State the individuals who rely on you and your spouse for support. Indicate their relationship to you, their age, and whether they live with you.

Name	Relationship	Age	Does this person live with you?	
None _____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____

9. Complete this question by estimating the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>None</u>	\$ _____
Are real estate taxes included? Yes _____ No _____		
Is property insurance included? Yes _____ No _____		
Utilities: Electricity and heating fuel	\$ <u>None</u>	\$ _____
Water and sewer	\$ <u>None</u>	\$ _____
Telephone	\$ <u>None</u>	\$ _____
Other _____	\$ <u>None</u>	\$ _____
Home maintenance (Repairs and upkeep)	\$ <u>None</u>	\$ _____
Food	Appx. \$ <u>30.00</u>	\$ _____
Clothing	\$ <u>None</u>	\$ _____
Laundry and dry cleaning	\$ <u>None</u>	\$ _____
Medical and dental expenses	\$ <u>None</u>	\$ _____
Transportation (not including car payments)	\$ <u>None</u>	\$ _____

Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>None</u>	\$ <u> </u>
Charitable contributions	\$ <u>None</u>	\$ <u> </u>
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$ <u>None</u>	\$ <u> </u>
Life	\$ <u>None</u>	\$ <u> </u>
Health	\$ <u>None</u>	\$ <u> </u>
Auto	\$ <u>None</u>	\$ <u> </u>
Other <u> </u>	\$ <u>None</u>	\$ <u> </u>
<hr/>		
Taxes (not deducted from wages or included in home mortgage payments) (specify) <u> </u>		\$ <u> </u>
Installment payments		
Auto:	\$ <u>None</u>	\$ <u> </u>
Credit Card: (name) <u> </u>	\$ <u>None</u>	\$ <u> </u>
Department Store: (name) <u> </u>	\$ <u>None</u>	\$ <u> </u>
Other <u> </u>	\$ <u>None</u>	\$ <u> </u>
Other <u> </u>	\$ <u>None</u>	\$ <u> </u>
Alimony, maintenance, and support paid to others	\$ <u>None</u>	\$ <u> </u>
Payments for support of additional dependents not living at your home	\$ <u>None</u>	\$ <u> </u>
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>None</u>	\$ <u> </u>
Other <u>Typing ribbons, copy cards or copies, stamps,</u>	\$ <u>None</u>	\$ <u> </u>
envelopes, correct ribbons, pens	\$ <u>65.00</u>	
FRP	\$ <u>25.00</u>	
TOTAL MONTHLY EXPENSES	Appx. \$ <u>120.00</u>	\$ <u> </u>

I owe filing fees to the Northern District in the amount of \$ 855.00 minus what payments have been credited and an additional \$ 505.00 filing fee from 14-5012. I have pending a search for BOP lost payments called "tracer" and await the disposition of that inquiry.

10. Do you expect any major changes to your monthly income or expenses during the next four months? Yes _____ No X

If yes, describe.

11. Have you paid an attorney any money for services in connection with this case, including the completion of this form? Yes _____ No X

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the attorney:

Have you promised to pay or do you anticipate paying an attorney any money for services in connection with this case, including the completion of this form? Yes _____ No X

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the attorney:

12. Have you paid anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form?

Yes _____ No X

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the person or service:

13. Have you promised to pay or do you anticipate paying anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes _____ No X

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the person or service:

14. How much can you pay each month toward the docket fee for your appeal.

\$ 2.00 I am not really sure how that would be handled

15. Please provide any other information that helps to explain why you are unable to pay the docket fees for your appeal. I am in prison and have one of the few better paying jobs. Having to defend myself drains most of the resouces I am given.

16. State the address of your legal residence:

Reg. # 02580-063

Federal Satellite Low-La Tuna

P.O. Box 6000, Anthony, New Mexico 88021

Your daytime phone number:

() _____

Your age: 49

Years of schooling: High School

Your social security number: xxx-xx-3758

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. 28 U.S.C. § 1746, 18 U.S.C. § 1621.

Date: 10.2.14

Signature:

Antony K. Springer

CERTIFICATE OF SERVICE

I hereby certify that on October 2, 2014 I sent a copy of
[date]

the foregoing Motion for Leave to Proceed on Appeal without Prepayment of
Costs of Fees, to: Clerk of Court, 333 West Fourth Street, Tulsa, Oklahoma 74103

I further certify that all parties are Registered ECF users and shall
receive service of the above Motion through the Clerk's ECF system:

Danny C. Williams, Sr, Jeffrey A. Gallant and Charles A. O'Reilly
~~the last known~~

~~address/email address~~ by _____.

[state method of service]

2
10.2.14
Date

Lindsey K Springer
Signature

DECLARATION OF MAILING

I hereby declare under the penalty of perjury pursuant to 28 U.S.C. §
1746(1) under the laws of the United States of America that on October 2,
2014, I deposited in the U.S. Mailbox located inside FSL La-Tuna Federal
Prison located inside Ft. Bliss Army Base the above Motion to the address
listed above.

Lindsey K Springer
Declarant

STATEMENT OF INSTITUTIONAL ACCOUNTS

I hereby state that on 24th day of September, 20 14 this prisoner had \$ 76.87 in his/her draw account and \$ 76.87 in his/her savings account.

A ledger sheet for this prisoner's trust account (or institutional equivalent) for the preceding six month period, or for the entire period of confinement if less than six months, is attached.

9/24/14

Date

[Signature]

Authorized Prison Official

S-2 Correctional Counselor

Title

Lindsey Kent Spryger
#02580-063
Federal Satellite Law-hatun
P.O. Box 6000
Anthony, New Mexico 88001

"Legal mail"

09-CR-43-SPF

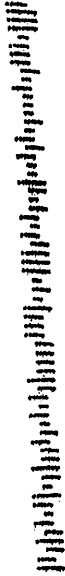
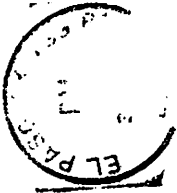
RECEIVED

OCT 06 2014

Phil Lombardi, Clerk
U.S. DISTRICT COURT

02580-063

Clerk Of Court
Northern District of Okla
333 W 4TH ST
Tulsa, OK 74103
United States



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